

1 IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

2 Application Serial No. 09/848,721
3 Filing Date 5/02/2001
4 Inventorship McCartney et al.
5 Applicant Microsoft Corporation
Group Art Unit 2144
Examiner Y.M. Gerezgihen
Attorney's Docket No. MS1-904US
Title: Logical Semantic Compression

RECEIVED
CENTRAL FAX CENTER

7 RESPONSE TO OFFICE ACTION DATED DECEMBER 16, 2004

8 DEC 3 2004

9 To: Commissioner for Patents
10 P.O. Box 1450
11 Alexandria, VA 22313-1450
12
13 From: David A. Morasch Tel. 509-324-9256 ext. 210
14 Fax 509-323-8979
15 Customer # 22801
16
17
18
19
20
21
22
23
24
25

INDEX

17 List of Claims / Amendments: Page 2

18 Remarks Section: Page 20

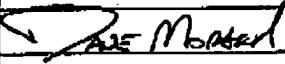
lee@hayes

PTO/SB/21 (08-03)

Approved for use through 07/31/2006. OMB 0651-0031

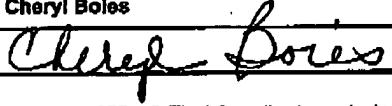
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number	09/848,721	RECEIVED
		Filing Date	5/2/2001	CENTRAL FAX CENTER
		First Named Inventor	Jason McCartney	DEC 3 2004
		Group Art Unit	2144	
		Examiner Name	YEMANE M GEREZGIHER	
		Total Number of Pages in This Submission	23	Attorney Docket Number
ENCLOSURES (check all that apply)				
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Documents <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Response to Office Action Dated 12/16/04 (21 pages)	
Remarks				
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT				
Firm or Individual Name	David A. Morasch/Reg. No. 42905			
Signature				
Date	December 31, 2004			

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name	Cheryl Boles		
Signature		Date	12-31-04

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

PTO/SB/17 (12-04)

Approved for use through 07/31/2005. OMB C651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4816). FEE TRANSMITTAL For FY 2005		Complete if Known	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number 09/848,721	Filing Date 6/2/2001
TOTAL AMOUNT OF PAYMENT (\$ 0.00)		First Named Inventor Jason McCartney	Examiner Name YEMANE M GEREZGIHER
Art Unit 2144		Attorney Docket No. MS1-904US	

METHOD OF PAYMENT (check all that apply)					
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____					
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 12-0769 Deposit Account Name: Lee & Hayes, PLLC					
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)					
<input checked="" type="checkbox"/> Charge fee(s) indicated below			<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee		
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17			<input checked="" type="checkbox"/> Credit any overpayments		
<small>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2088.</small>					

FEE CALCULATION																																																						
1. BASIC FILING, SEARCH, AND EXAMINATION FEES																																																						
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2" style="text-align: left; width: 15%;">Application Type</th> <th colspan="2" style="text-align: left;">FILING FEES</th> <th colspan="2" style="text-align: left;">SEARCH FEES</th> <th colspan="2" style="text-align: left;">EXAMINATION FEES</th> </tr> <tr> <th style="text-align: left;">Fee (\$)</th> <th style="text-align: left;">Small Entity</th> <th style="text-align: left;">Fee (\$)</th> <th style="text-align: left;">Small Entity</th> <th style="text-align: left;">Fee (\$)</th> <th style="text-align: left;">Small Entity</th> </tr> </thead> <tbody> <tr> <td>Utility</td> <td>300</td> <td>150</td> <td>500</td> <td>250</td> <td>200</td> <td>100</td> </tr> <tr> <td>Design</td> <td>200</td> <td>100</td> <td>100</td> <td>50</td> <td>130</td> <td>65</td> </tr> <tr> <td>Plant</td> <td>200</td> <td>100</td> <td>300</td> <td>150</td> <td>160</td> <td>80</td> </tr> <tr> <td>Reissue</td> <td>300</td> <td>150</td> <td>500</td> <td>250</td> <td>600</td> <td>300</td> </tr> <tr> <td>Provisional</td> <td>200</td> <td>100</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> </tbody> </table>							Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Utility	300	150	500	250	200	100	Design	200	100	100	50	130	65	Plant	200	100	300	150	160	80	Reissue	300	150	500	250	600	300	Provisional	200	100	0	0	0	0
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES																																																	
	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity																																																
Utility	300	150	500	250	200	100																																																
Design	200	100	100	50	130	65																																																
Plant	200	100	300	150	160	80																																																
Reissue	300	150	500	250	600	300																																																
Provisional	200	100	0	0	0	0																																																
2. EXCESS CLAIM FEES																																																						
<small>Fee Description</small>																																																						
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent																																																						
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent																																																						
Multiple dependent claims																																																						
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2" style="text-align: left; width: 15%;">Total Claims</th> <th rowspan="2" style="text-align: left;">Extra Claims</th> <th rowspan="2" style="text-align: left;">Fee (\$)</th> <th rowspan="2" style="text-align: left;">Fee Paid (\$)</th> <th colspan="2" style="text-align: left;">Multiple Dependent Claims</th> <th rowspan="2" style="text-align: left;">Small Entity</th> </tr> <tr> <th style="text-align: left;">Fee (\$)</th> <th style="text-align: left;">Fee Paid (\$)</th> </tr> </thead> <tbody> <tr> <td>- 20 or HP =</td> <td>x 50</td> <td>=</td> <td></td> <td></td> <td></td> <td>Fee (\$)</td> </tr> </tbody> </table>							Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims		Small Entity	Fee (\$)	Fee Paid (\$)	- 20 or HP =	x 50	=				Fee (\$)																																
Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims		Small Entity																																																
				Fee (\$)	Fee Paid (\$)																																																	
- 20 or HP =	x 50	=				Fee (\$)																																																
<small>HP = highest number of total claims paid for, if greater than 20</small>																																																						
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2" style="text-align: left; width: 15%;">Indep. Claims</th> <th rowspan="2" style="text-align: left;">Extra Claims</th> <th rowspan="2" style="text-align: left;">Fee (\$)</th> <th rowspan="2" style="text-align: left;">Fee Paid (\$)</th> <th colspan="2" style="text-align: left;">Multiple Dependent Claims</th> <th rowspan="2" style="text-align: left;">Small Entity</th> </tr> <tr> <th style="text-align: left;">Fee (\$)</th> <th style="text-align: left;">Fee Paid (\$)</th> </tr> </thead> <tbody> <tr> <td>- 3 or HP =</td> <td>x 200</td> <td>=</td> <td></td> <td></td> <td></td> <td>Fee (\$)</td> </tr> </tbody> </table>							Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims		Small Entity	Fee (\$)	Fee Paid (\$)	- 3 or HP =	x 200	=				Fee (\$)																																
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims		Small Entity																																																
				Fee (\$)	Fee Paid (\$)																																																	
- 3 or HP =	x 200	=				Fee (\$)																																																
<small>HP = highest number of independent claims paid for, if greater than 3</small>																																																						
3. APPLICATION SIZE FEE																																																						
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).																																																						
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2" style="text-align: left; width: 15%;">Total Sheets</th> <th rowspan="2" style="text-align: left;">Extra Sheets</th> <th rowspan="2" style="text-align: left;">Number of each additional 50 or fraction thereof</th> <th rowspan="2" style="text-align: left;">Fee (\$)</th> <th colspan="2" style="text-align: left;">Multiple Dependent Claims</th> <th rowspan="2" style="text-align: left;">Small Entity</th> </tr> <tr> <th style="text-align: left;">Fee (\$)</th> <th style="text-align: left;">Fee Paid (\$)</th> </tr> </thead> <tbody> <tr> <td>- 100 =</td> <td>/ 50 =</td> <td>(round up to a whole number) x</td> <td>=</td> <td></td> <td></td> <td>Fee (\$)</td> </tr> </tbody> </table>							Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Multiple Dependent Claims		Small Entity	Fee (\$)	Fee Paid (\$)	- 100 =	/ 50 =	(round up to a whole number) x	=			Fee (\$)																																
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Multiple Dependent Claims		Small Entity																																																
				Fee (\$)	Fee Paid (\$)																																																	
- 100 =	/ 50 =	(round up to a whole number) x	=			Fee (\$)																																																
4. OTHER FEE(S)																																																						
Non-English Specification, \$130 fee (no small entity discount)																																																						
Other: _____																																																						

SUBMITTED BY		Signature 		Registration No. 42905 <small>(Attorney/Agent)</small>		Telephone (509) 324-9256	
Name (Print/Type) David A. Morasch						Date Dec 31, 2004	

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.